PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail or Fax				Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents ginia 22313-1450	
INSTRUCTIONS: This for appropriate. All further comindicated unless corrected h	m should be used for tran- respondence including the l	smitting the ISSUI Patent, advance ord in Block 1, by (a)	E FEE and PUBI lers and notificati specifying a new	LICATION FEE (if requ on of maintenance fees v v correspondence address	ired). Blocks 1 through 5 s vill be mailed to the current ; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE	E ADDRESS (Note: Use Block 1 for		P & HEALTH	Note: A certificate of Fee(s) Transmittal. The	mailing can only be used for its certificate cannot be used all paper, such as an assignment of mailing or transmission.	or domestic mailings of the
MOTOROLA, IN 1303 EAST ALGO IL01/3RD SCHAUMBURG, I	NQUIN ROAD	A SHEWAR	TRADEMARK	I hereby certify that the States Postal Service addressed to the Mai transmitted to the USF	rtificate of Mailing or Trannis Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address TO (703) 746-4000, on the control of th	g deposited with the United st class mail in an envelope above or being facsimile
12/16/2004 EAREGAY2 00				Sheila Mahn	erjino	(Depositor's name)
	00 DA	.1		December 10	1/1/2004	(Signature) (Date)
A DDI ICA TIONI NO	PPLICATION NO. FILING DATE		FIRST NAMED INV		ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPLICATION NO. 10/051,721	01/17/2002	David Mo			CM04830H	8631
TITLE OF INVENTION: E					TOTAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE		
nonprovisional				\$300	\$1630	12/14/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	J	
WONG, ALE	BERT KANG	2635		340-870170		· · ·
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.	tion (or "Fee Address" Indic or more recent) attached. Us	Correspondence ation form e of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)			
DI EACE NOTE: Unless	an assignee is identified by 37 CFR 3.11. Completion	elow no assignee	data will appear o	on the patent. If an assig	nee is identified below, the	document has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
MOTOROLA, INC. SCHAUMBURG, IL						
Please check the appropriate	e assignee category or catego	ories (will not be pr	inted on the paten	t): 🗖 Individual 🖾 (Corporation or other private g	roup entity Government
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.						
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502117 (enclose an extra copy of this form).			
			Deposit Account	Number	(enclose an extra	copy of this form).
a. Applicant claims S	(from status indicated abov MALL ENTITY status. See	37 CFR 1.27.			ALL ENTITY status. See 37 (
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Iss Publication Fee (if required) ords of the United States Par	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if any) o d from anyone oth Office.	or to re-apply any previous er than the applicant; a re-	sly paid issue fee to the applic gistered attorney or agent; or	cation identified above. the assignee or other party in
Authorized Signature	Van M. X)ai		Date	December 10, 2	004
Typed or printed name _	Valerie M. D			Registratio	_	
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	pplication form to the USP s for reducing this burden, s for 22313-1450. DO NOT	311. The information 122 and 37 CFR 125 and 37 CFR 10. Time will vary hould be sent to the SEND FEES OR 6	depending upon e Chief Informatic	ion is estimated to take 12 the individual case. Any of the individual case. Any of the Officer, U.S. Patent and PRMS TO THIS ADDRESS	the public which is to file (at minutes to complete, includ comments on the amount of (d Trademark Office, U.S. De SS. SEND TO: Commissione	time you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.